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DATE: April 21, 2005


Dennis R. Haszko
Registration No.: 39,575

TO THE ATTENTION OF: Marcin R. Filipczyk
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CITY: Arlington, Virginia, U.S.A.
FAX NUMBER: 703-872-9306
DATE / TIME: April 21, 2005
FROM: Dennis R. Haszko
DIRECT DIAL: (613) 237-5160
OUR FAX NUMBER: (613) 787-3558

RE: United States Patent Appln No. 09/466,640
Title: METHOD AND APPARATUS FOR ASSOCIATING
INFORMATION WITH AN OBJECT IN A FILE
Inventor(s): MAHAN, Laura, Ann;
ILLINGWORTH, Kenneth, Steven, Shaun; FORBES, Kelly, Anne, K.
Our File: PAT 2793-2 US

NUMBER OF PAGES, INCLUDING THIS PAGE: 21
CONFIRMATION TO FOLLOW: NONE

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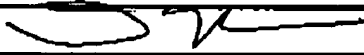
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/466,640	
	Filing Date	December 20, 1999	
	First Named Inventor	Laura Ann MAHAN et al.	
	Art Unit	2161	
	Examiner Name	Marcin R. Filipczyk	
Total Number of Pages in This Submission	20	Attorney Docket Number	PAT 2793-2

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Request for Continued Examination - Statement under 37 CFR 3.73(b) with Assignment
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Borden Ladner Gervais LLP		
Signature			
Printed name	Dennis R. Haszko		
Date	April 21, 2005	Reg. No.	39,575

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Typed or printed name	_____	Date	_____

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PTO/SB/17 (12-04)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) \$910.00**Complete if Known**

Application Number	09/466,640
Filing Date	December 20, 1999
First Named Inventor	Laura Ann MAHAN et al.
Examiner Name	Marcin R. Filipeczyk
Art Unit	2161
Attorney Docket No.	PAT 2793-2

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 501593 Deposit Account Name: Borden Ladner Gervais LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims - 20 or HP = _____ x _____ = _____ **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims - 3 or HP = _____ x _____ = _____ **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____


_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: RCE fee (\$790) and Petition for Extension of Time for One-Month Fee (\$120)

Fees Paid (\$)**\$910.00****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	39,575	Telephone	613-237-5160
Name (Print/Type)	Dennis R. Haszko	Date	April 21, 2005		

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